patients with visit 2 data available for ITT analysis (152 patients enrolled) were included (mean age 48 years, 51% female, mean BMI 27 kg/m^2, 75% sedentary lifestyle). Upon inclusion, 21% had never received any treatment, 44% were receiving, or had received antacids, 21% H2-receptor blockers, 46% had received PPI therapy proton pump inhibitors (PPI) therapy (34% omeprazole, 31 esomeprazole, 21% pantoprazole, 11% rabeprazole, 3% lansoprazole). After visit 1 physicians changed treatment in favor of full-dose PPIs (94% of cases), mainly esomeprazole (75%) and stopped almost all h2-receptors blockers (1%). Seventy-five percent of patients were in acute phase treatment after visit 1 which changed to maintenance treatment phase in 91% of patients after visit 3. There was a concomitant dose reduction of 40 mg to 20 mg for the most prescribed PPI esomeprazole. Forty-percent of patients became The prescribed dose was changed to a median of 20 mg at visit 2 in 32% of patients. The severity of GERD symptoms decreased substantially throughout the study with 84% of patients having moderate or severe GERD in visit 1, 23% in visit 2 and 11% in visit 3. Concurrently, the GIS scores decreased significantly (–1.27 for upper GI symptoms, –0.92 for other related GI symptoms and –0.85 for the impact on life; $p < 0.001$). The GIS was judged to be helpful for approximately 80% of the patients by the physicians. At all visits, the GIS mean-scores increased markedly with increasing severity of disease (clinical judgment). The correlation between GIS mean-scores and endoscopy findings or the physician's judgment of the usefulness of the GIS was less pronounced. **CONCLUSIONS:** GIS scores improved with GERD PPI treatment and were judged helpful by the physician. GIS may thus have an added value over these assessments in determining the appropriate treatment and evaluating the patient's response to this treatment.

PGI40

PROTON PUMP INHIBITORS MARKET IN PRIMARY CARE SETTING

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OBJECTIVES: In some European Union countries in recent years the use of proton pump inhibitors (PPIs) has greatly increased. In march 2006 in Italy lansoprazole came off patent and became a relatively cheap treatment. Several national and regional measures to rationalise PPIs spending growth were taken to promote the choice of less expensive PPI, lansoprazole, regardless of his antisecretory potency. The goal of this study was to compare general practitioners'prescription (GPs) of different PPIs and explore how GPs PPI prescribing changes following the loss of lansoprazole patent. **METHODS:** We extracted all records of PPI prescribing within a General Practitioner Research Database of 99 GPs located in Naples, Italy, and analysed them using Microsoft SQL Server 2005. All records for patients who had been prescribed a PPI were divided into calendar years from 2005 to 2007 (the year prior to and following lansoprazole generic). PPI consumption were quantified using Defined Daily Dose system (DDD). **RESULTS:** The total volume of PPI's prescribing increased steadily over the 3 years. The proportion of defined daily doses accounted for by lansoprazole was 11.8% in 2005 rising to 35.9% in 2007. The contribution of omeprazole, the most often PPI prescribed, to total PPIs prescriptions decreased from 43.0% to 22.7% in the same period, while esomeprazole contribution remained costant. Following the loss of patent, new lansoprazole prescriptions increased substantially; 32.7% of subjects switched from another PPI to lansoprazole. **CONCLUSIONS:** To reduce costs GPs have been coming under pressure encouraging the prescription of a cheaper drug. The wide variation in PPI prescribing suggests that the choice of PPI by GPs was distorted by the effect of lansoprazole "liberalization".

HEALTH CARE INTERVENTIONS—Clinical Outcomes Studies

PHC1

TREATMENT OF DISCOGENIC LOW BACK PAIN WITH INTRADISCAL ELECTROTHERMAL THERAPY [IDET], A MINIMALLY INVASIVE, LOW COST ALTERNATIVE TO OPEN SURGERY: A PROSPECTIVE 24-MONTH OUTCOMES STUDY IN 50 CONSECUTIVE PATIENTS

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OBJECTIVES: Pathologic deterioration of intervertebral discs, characterized by annular tears, can cause severe, unremitting low back pain [LBP] resulting in loss of function and quality of life for millions of individuals worldwide. Patients experiencing severe back symptoms beyond six months have poor prognosis for recovery with conservative management alone. Open surgical intervention such as spinal fusion and artificial disc replacement are being utilized with escalating frequency, however costs and risks are high. Performed in the outpatient setting, intradiscal electrothermal therapy [IDET] is minimally invasive, less costly alternative to surgery for patients nonresponsive to conservative care. This study prospectively evaluated effectiveness of IDET in 50 consecutive adult patients refractory to conservative care of at least six months duration. **METHODS:** Using MRI and discography to establish internal disc disruption, 50 patients with lumbar discogenic pain were identified, underwent IDET treatment and followed for 24 months. Back pain severity (11-point numeric scale) and back function (Oswestry disability index [ODI]) were evaluated pre-treatment, 12 and 24 months post-procedure. Clinical success defined as lack of follow-up surgery, ≥2-point pain, and ≥15-point ODI improvement. **RESULTS:** Average 68% and 66% improvements in pain and ODI, respectively, between pre-treatment and 24 months ($p < 0.0001$ for both comparisons). Global clinical success rate was 78% (39/50). No complications occurred during IDET procedure. No post-procedural adverse events such as infections or neurological sequelae reported. **CONCLUSIONS:** The significant and robust clinical improvements in function through 24 months and 78% global success rate achieved in this study compare favorably with previously published results for IDET using similar patient selection criteria. Careful patient selection based on discography and imaging may improve outcomes. Risk of procedure-related adverse events is low. IDET offers a safe, low-cost treatment alternative with demonstrated durable, long-term clinical benefits in the continuum of care of patients with discogenic LBP.

HEALTH CARE INTERVENTIONS—Cost Studies

PHC2

IMPACT OF LOCAL HAEMOSTATIC AGENTS IN ABDOMINAL SURGERY ON HOSPITAL BUDGET

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OBJECTIVES: To assess the effectiveness and economic consequences for Moscow hospitals of the "ready-to-use" collagen patch coated with thrombin and fibrinogen—trade name TachoComb—compared with current haemostatic practice in